Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	ension B	Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Ins	pection
Pa	art I	Annual Report Id	entification Information				•	
For	calend	lar plan year 2011 or fisca	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011	
Α	This re	eturn/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan
В	This re	turn/report is:	the first return/report	the final re	eturn/report	-		
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)		
<u></u>	Chaal	box if filing under:	Form 5558		extension	[[DFVC progra	m
C	Cneck	box if filing under:	亅		, exterision	Ĺ	Di ve piogra	
_	4 11		special extension (enter description					
	art II		nation—enter all requested information	ation		41-		
		of plan	NC. DEFINED BENEFIT PLAN				Three-digit plan number	
COIVI	IFA33	DUSINESS SERVICES II	NC. DEFINED BENEFIT FLAN				(PN) ▶	001
						1c	Effective date of	plan
							01/01/	•
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif	cation Number
CON	IPASS	BUSINESS SERVICES,	INC.				(EIN) 27-290	06677
						2c	Sponsor's teleph	
		E RD NW					509-908	
SILV	ERDAL	LE, WA 98383				2d	Business code (s	
	Diama		- d /:£	-+ "C	.,,,	2h	54160	
		BUSINESS SERVICES, I	address (if same as plan sponsor, er NC. 13355 PAGE		•)	30	Administrator's E 27-29	
		,	SILVERDALE	E, WA 9838	33	3c	Administrator's to	elephone number
							509-908	-6107
4			lan sponsor has changed since the l	ast return/i	report filed for this plan, enter the	4b	EIN	
а		e, Eliv, and the plan numb sor's name	er from the last return/report.			4c	DNI	
	•		the beginning of the plan year				FIN	
b						5a		
			the end of the plan year			5b		
С			count balances as of the end of the p	• (•	5c		
6a		,	uring the plan year invested in eligib					X Yes No
b		•	e annual examination and report of		,			
		,	See instructions on waiver eligibility a		•			X Yes No
-			er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
Pa -	rt III	Financial Informa	ation					
1	Plan /	Assets and Liabilities			(a) Beginning of Year		(b) End	
а		•		. 7a	98500			178110
b		•		. 7b	00500			170110
_ <u>c</u>		•	'b from line 7a)	7c	98500			178110
8		ne, Expenses, and Transf			(a) Amount		(b) T	otal
а		ibutions received or recei	vable from:	8a(1)	64000			
				8a(2)				
	` '	·		8a(3)				
b	` ,	` ,		8b	15610	_		
_			8a(2), 8a(3), and 8b)	8c	.55.5			79610
c d			oa(2), oa(3), and ob)ollovers and insurance premiums	80				
u			onovers and insurance premiums	. 8d				
е	Certa	in deemed and/or correct	ive distributions (see instructions)	8e				
f	Admir	nistrative service provider	s (salaries, fees, commissions)	. 8f				
g	Other	expenses		8g				
h		·	Be, 8f, and 8g)					
i			e 8h from line 8c)					79610
j		` , `	ee instructions)					
				, v _j	<u> </u>			

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Form	5500	-SE	ンロコ	1

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Part IV	Plan	Charac	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art	VI Pension Funding Compliance	•						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					×,	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ,	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	•	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	10		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to				l	
1	3c(1) Name of plan(s):		130	(2) Ell	۷(s)	13	Bc(3)	PN(s)
					-			
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/09/2012	GARY L DURDAY				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

									▶ File a	s an attac	<u>:nme</u> r	nt to Form	5500 or	5500-	Sr.							
Fo	r caler	ndar p	olan y	ear 201/	1 or	fiscal	plan ye	ear beg	inning	01/01/201	11				and en	ding	12/31/	2011	1			
•	Roun	d off	amo	ounts to	nea	rest c	lollar.															
•	Cauti	on: A	pen	alty of \$	1,00	00 will	be ass	essed f	or late filing	of this re	port u	nless reas	onable ca	ause is	s establis	hed.						
CC	Name OMPAS	of pla	an JSINI	ESS SE	RVI	CES II	NC. DE	FINED	BENEFIT I	PLAN				В	Three-o	J	r (PN)	ı	>		001	
С	Plan s	ponso	or's r	name as	sho	wn on	line 2a	of For	m 5500 or 5	5500-SF				D	Employe	r Ide	entificatio	n Nu	ımber ((EIN)		
CC	MPAS	S BL	ISINI	ESS SE	RVI	CES, I	NC.							27	-2906677	7						
E	Туре о	f plan	: X	Single		Multip	ole-A	Mult	tiple-B		F P	rior year pla	an size:	X 100	or fewer		101-500		More	than 50	0	
Р	art I	В	asio	Infor	ma	tion																
1	Ente			ation da			N	onth _	12	Day3	31	Year _	2011	_								
2	Ass	ets:																				
	а	Mark	cet va	alue													2a					113110
	b	Actu	arial	value													2b					113110
3	Fun	ding 1	arge	t/partici	oant	count	breakc	down:					(1) N	lumbe	r of parti	cipaı	nts		(2)	Fundin	g Targe	et
	а	For	retire	ed partic	ipan	ts and	benefi	ciaries	receiving p	ayment		3a					0					0
	b	For	term	inated v	este	d parti	cipants	S				3b					0					0
	С	For	activ	e partici	pant	s:																
		(1)	Nor	n-vested	ben	efits					[3c(1)										0
		(2)	Ves	sted ben	efits						[3c(2)										72636
		(3)	Tota	al active							[3c(3)					1					72636
	d	Tota	al									3d					1					72636
4	If th	e plar	n is ir	n at-risk	stati	us, che	eck the	box an	d complete	lines (a)	and (b	o)										
	а	Fund	ding 1	target di	sreg	arding	presci	ribed at	-risk assum	nptions							4a					
	b								ons, but dis ive years a								4b					
5	Effo								ive years a			•					5					5.32 %
6																	6					45320
				olled Ac												1						
	To the baccorda	est of a	my kno th app	owledge, th	ne info	rmation egulatio	ns. In my	opinion, e	nedule and acc each other assunder the plan.													
	SIGN																	(06/05/2	0012		
ı	HERE						C:							_						.012		
RO	BERT	мн	ANE!	SS			Signat	ure of a	actuary										Date 11-049	245		
	DEITT					T								_			N4 1					
НА	NESS	& AS	SOC	IATES,	LLC		e or pri	nt name	e of actuary	/				_			Most rec			ent nui 85-9830		
		000					F	irm nan								Tele	phone nu	ımbe	er (inclu	uding a	rea cod	e)
). BOX CKLIN		9567	7																		
							Addr	ess of t	he firm					_								
lf th	e actua	arv ha	as no	t fullv re	flect	ed an	v regula	ation or	ruling pron	nulgated u	ınder t	the statute	in compl	etina t	his sche	dule	check th	ne hr	ox and	see		П
	ruction		.5 110	. rany ro		Ju un	, roguit		· ag pron	gatou u			oompi	Jung 1	301101	,	JIIOOK III		and	200		Ш

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Pa	art II	Begin	ning of year	carryove	er and prefunding ba	lances							
	•						(a) (Carryover balance		(b)	Prefundi	ng balar	nce
7		_			cable adjustments (line 13 f	-			0				0
8			•	-	unding requirement (line 35								
9	Amount	remainii	ng (line 7 minus lir	ne 8)					0				0
10	Interest	on line 9	using prior year's	actual ret	urn of0.00%				0				0
11	Prior ye	ar's exce	ess contributions t	o be added	I to prefunding balance:								
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)								64817
					rate of 6.06 % excep								0
C Total available at beginning of current plan year to add to prefunding balance												64817	
d Portion of (c) to be added to prefunding balance													0
12	12 Other reductions in balances due to elections or deemed elections												0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0	
P	art III	Fun	ding percenta	iges									
14	Funding	target a	ttainment percent	age							14	6	1.73 %
15	Adjuste	d funding	g target attainmen	t percentag	je						15	14	9.59 %
16 Prior year's funding percentage for purposes of determining whether corrupter/profunding belonges may be used to reduce										16		0.00 %	
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
P	art IV	Con	tributions and	d liquidi	ty shortfalls								
18	18 Contributions made to the plan for the plan year by employer(s) and employees:												
(N	(a) Date		(b) Amount pa		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer((c) Amou empl	nt paid I oyees	ру
03	/12/2012	,		64000	· ·	`	•		·				
				•		Totals ▶	18(b)		64000	18(c)			
19	Discoun	ited emp	loyer contributions	s – see inst	tructions for small plan with	a valuation of	date after th	ne beginning of the	year:				
	a Contr	ributions	allocated toward	unpaid min	imum required contributions	from prior y	ears		19a				0
	b Contr	ributions	made to avoid res	strictions ac	djusted to valuation date				19b				0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date												
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:: ::								
	a Did the plan have a "funding shortfall" for the prior year?												
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current yea	ır made in a	timely man	ner?				Yes	No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:					_		
				-	Liquidity shortfall as of e								
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get i	normal cost					
21	Disco	ount rate:										
	a S	egment rates:	1st segment: 1.99%		2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used			
	b Ai	policable month	(enter code)		1			21b	0			
22								22	65			
23		ality table(s) (see	_		escribed - combined		scribed - separate	Substitut				
			_									
-		Miscellane										
		J	•		uarial assumptions for the co				· · ·			
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No			
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27	27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment											
	rt VII				ım required contribut							
					years			28	0			
29					I unpaid minimum required o			29	0			
30	Rema	aining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus line	29)		30	0			
Pa	rt VIII	Minimum	required contribu	tion f	or current year							
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):							
	a Tai	rget normal cost	(line 6)					31a	45320			
	b Excess assets, if applicable, but not greater than 31a											
32	32 Amortization installments: Outstanding Balance Inst											
	a Ne	et shortfall amort	ization installment					32459	5809			
	b W	aiver amortizatio	on installment					0	0			
33					ter the date of the ruling lette			33				
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	51129			
			<u> </u>		Carryover balance		Prefunding bala	nce	Total balance			
35	Ralar	nces elected for i	use to offset funding		,		,					
00						0		0	0			
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	51129			
37			·		ontribution for current year a	•		37	62631			
38	Prese	ent value of exce	ess contributions for curr	ent ve	ar (see instructions)			I I				
								38a	11502			
			•	·	prefunding and funding star			38b	0			
39					ear (excess, if any, of line 36			39	0			
40	Unpa	id minimum requ	uired contributions for al	l years				40	0			
Pa	rt IX			_	ension Relief Act of 20			<u> </u>				
41	If a sh				ırsuant to an alternative amo		•					
	a Sch	nedule elected							2 plus 7 years 15 years			
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			2008	8 2009 2010 2011			
42	Amou	int of acceleratio	on adjustment					42				
					d over to future plan years			43				

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Compass Business Services, Inc.Defined Benefit Plan 27-2906677 / 001

For the plan year 1/1/2011 through 12/31/2011

Valuation Date:

12/31/2011

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

Segment #	Year	Rate %
Segment 1	0 - 5	1.99
Segment 2	6 - 20	5.12
Segment 3	> 20	6.24

Pre-Retirement - Mortality Table -

None

Turnover/Disability -

None

Salary Scale -

4.5%

Expense Load -Ancillary Ben Load - None

None

Post-Retirement - Mortality Table -

11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pe	ension Benefit Guaranty Corporation Complete all entries in accord	dance with	n the instructions to the Form 5500	O-SF.	
Pa	rt I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/	2011
A	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		X a one-participant plan
	This return/report is: the first return/report	the final r	eturn/report		_
		a short pla	an year return/report (less than 12 mo	onths)	1
c .		•	extension	,,,,,,,	DFVC program
C (Shook box it liming direct.		, extension		Drvc program
	special extension (enter descriptio				
	rt II. Basic Plan Information—enter all requested information	ation	<u> </u>	41	
	Name of plan			dr	Three-digit plan number
COM	PASS BUSINESS SERVICES INC. DEFINED BENEFIT PLAN				(PN) • 001
				10	Effective date of plan
					01/01/2010
2a	Plan sponsor's name and address; include room or suite number (el PASS BUSINESS SERVICES, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number
COM	PASS BUSINESS SERVICES, INC.	, , ,			(EIN) 27-2906677
				2c	Sponsor's telephone number
1225	5 PAGE RD NW				509-908-6107
	ERDALE WA 98383			2d	Business code (see instructions)
					541600
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's EIN
SAM				<u> </u>	27-2906677
				3C	Administrator's telephone number 509-908-6107
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4h	EIN
•	name, EIN, and the plan number from the last return/report.	ac rotarri	ropost mod for this plant, office are	- 70	LIIV
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year	••••		5a	1
b	Total number of participants at the end of the plan year			5b	1
С	Number of participants with account balances as of the end of the p	olan vear (defined benefit plans do not		
	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	00.	
ਾ.a 					
1	Plan Assets and Liabilities		(a) Beginning of Year	+	(b) End of Year
a	Total plan assets	7a	98500		178110
b	Total plan liabilities	7b			
C	Net plan assets (subtract line 7b from line 7a)	7с	98500	1_	178110
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		64000	1549	
	(1) Employers	8a(1)	04000	-130	
	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·	-	
	(3) Others (including rollovers)	8a(3)		44	
b	Other income (loss)	8b	15610	JEGA Hare.	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			79610
d	Benefits paid (including direct rollovers and insurance premiums			650	
_	to provide benefits)	8d		\dashv	
e	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g	CONTRACTOR DOWN DOWN THE CONTRACTOR OF T		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			
i	Net income (loss) (subtract line 8h from line 8c)	8i			79610
j	Transfers to (from) the plan (see instructions)	, Si		245	

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Part IV	Plan	Charac	rteristics	=

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:			Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		ı	х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		,	×				
C	Was the plan covered by a fidelity bond?		100	:	Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		Х					
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the binstructions.)		Х					
f	Has the plan failed to provide any benefit when due under the plan?		101	:	X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See ir 2520.101-3.)		CFR		×			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3				х			
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))						X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requir	rements of section	412 of the Code or s	ection :	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			. •				
	If a waiver of the minimum funding standard for a prior year is being amorganting the waiver.		Month					
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (-	Г	405	T		
b	Enter the minimum required contribution for this plan year				12b	<u> </u>		
C	Enter the amount contributed by the employer to the plan for this plan ye			-	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)				12d		1	
CONTRACTOR	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?	***************************************			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				<u> </u>	Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	sferred to another	plan, or brought unde	r the co	ontrol		Yes	X No
	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify the pl	an(s) to			,	
1	3c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3) F	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report w	vill be assessed u	ınless reasonable ca	use is	estab	lished.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t , it is true, correct, and complete.							
SIGI	0.767		GARY L DURDAY					
HER	85.07 1	ate 6-26-12	Enter name of individ	dual sig	ning a	s plan admin	istrator	
SIGI	N Company of the comp							
HER	Signature of employer/plan sponsor	ate	Enter name of indivi-	dual sid	nina a	s employer c	r plan spor	osor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

File as an attachme	ent to Form	5500 or	5500-SF.				
For calendar plan year 2011 or fiscal plan year beginning 01/01/	/2011		and endi	ng 1 2,	/31/2011		
▶ Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable ca	use is establish	ed.			
A Name of plan			B Three-di	git			
Compass Business Services, Inc.Defined Benefit Plan	ı		plan nun	ber (PN)	>	001	
					4.1		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer I	dentificat	ion Number ((EIN)	
Compass Business Services Inc.		:	:	27-290	677		
E Type of plan: Single Multiple-A Multiple-B	Prior year p	lan size:∑	₹ 100 or fewer	<u>101-5</u>	00 More	e than 500	
Part Basic Information							
1 Enter the valuation date: Month 12 Day 31	Year	2011			· · · · · · · · · · · · · · · · · · ·		
2 Assets:							
a Market value				2a		113	,110
b Actuarial value			• • • • • • • • • • • • • • • •	2b		113	,110
3 Funding target/participant count breakdown		(1) N	umber of partici	nants	(2)	Funding Target	<i>,</i>
a For retired participants and beneficiaries receiving payment	. 3a	(.,,	arribor or parties	0	(=/	r arraing ranger	0
b For terminated vested participants				0			0
C For active participants:							
(1) Non-vested benefits	3c(1)			基 数	and the state of t		0
(2) Vested benefits						72	, 636
(3) Total active				1			,636
d Total							,636
4 If the plan is in at-risk status, check the box and complete lines (a) and							, oo o
			•	4a			
b Funding target reflecting at-risk assumptions, but disregarding tran at-risk status for fewer than five consecutive years and disregarding	g loading fa	ctor		4b			
5 Effective interest rate	· · · · · · · · · · · · · · · · · · ·			5		5.32	
6 Target normal cost		• • • • • • • • • • • • • • • • • • • •		6		45	,320
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedu accordance with applicable law and regulations. In my opion, each other assumption is reasonable combination, offer my best estimate of anticipated experience upon the plan. SIGN							
HERE					06/05/20	12	
Signature of actuary					Date		
Robert M. Haness					11-04945		
Type or print name of actuary	,		•	Most re	ecent enrolim	ent number	
Haness & Associates, LLC	,			(91	L6) 435-9	830	
Firm name P.O. Box 836	,		Т	elephone	number (incl	uding area code)	
US Rocklin CA 95677							
Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated unde instructions	r the statute	in compl	leting this sched	ule, chec	k the box and	d see	

Page 2	

Schedule SB (Form 5500) 2011

Pai	rt II Beg	ginning of year	carryove	er and prefunding bala	nces							
120020-1200-000	Ang Mar And Carlotte Co.	<u> </u>	<u> </u>			(a)	Carryover balance		(b) F	refund	ing balar	nce
7		Balance at beginning of prior year after applicable adjustments (line 13 from prior year)										
					0				0			
8				unding requirement (line 35 fro								0
9								0				0
10				turn of0.00%				0				<u>_</u>
11		<u>-</u>		d to prefunding balance:						n gran	ela de la composition della co	
	•				• • • • • • • •				ACTION IN CONTRACTOR AND ADDRESS.		·	64,817
			•	rate of6.06 % excep								
									**			0
	C Total avai	lable at beginning of	current pla	in year to add to prefunding ba	alance							64,817
	d Portion of	(c) to be added to p	refunding b	alance	•••••							64,817
				s or deemed elections				0			1 111,000	0
13	Balance at be	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12).	• • • • • • • •		<u> </u>	0				64,817
Pa	rt III 🗼 F	unding percent	ages					-				
14	Funding targe	et attainment percen	tage		• • • • • • • •			• • • • • •		14	61	L.73 %
15	Adjusted fund	ding target attainmer	it percenta	ge	•••••				<u></u>	15	149	9.59 %
16	•	• • •		s of determining whether carry		•	•			16	د	
17				is less than 70 percent of the						17		0.00 <u>%</u> %
and a second	: Marten manager recise				lunung	larget, enter	such percentage	• • • • •	•••••	17		70
	CONTRACTOR OF THE PARTY OF THE	ontributions an										
10	(a) Date	(b) Amount p		ear by employer(s) and employer(s) Amount paid by		a) Date	(b) Amount r	naid by		c) Amo	unt paid	by
(MI	M-DD-YYYY)	employer(employees		DD-YYYY)	employe				loyees	
03/	12/2012		64,000									
					ļ							
										<u> </u>		
Kara atau	Nama		Out of the second	an an magazaga nakara Saya maran paga nakara 12 (24)		T						
			di e		Totals	▶ 18(b)		64,0	00 18(c)			0
19			•	structions for small plan with a								
	a Contribution	ons allocated toward	unpaid mir	nimum required contribution fr	om prior	years	 	19a				0
	b Contribution	ons made to avoid re	strictions a	djusted to valuation date	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	<u> </u>	19b				0
				required contribution for curren	<u>ıt year a</u>	djusted to va	aluation date	19c	n tisawa za matawa wa	MATERIAL STATE	and the latest	62,631
20	•	ntributions and liquid	•	• •					i i Agastus			
	_			the prior year?				• • • • • •	• • • • • • • • • • • • • • • • • • • •		_ Yes [X No
	D If 20a is "\	Yes," were required of	uarterly ins	stallments for the current year	made in	a timely ma	anner?		VERNACI REPRESENTANTES PARTIES		Yes [<u> </u>
	C If 20a is "	Yes," see instructions	and comp	olete the following table as app	-				2.00			
	/1\	1st		Liquidity shortfall as of end (2) 2nd	of Quart	er of this pla (3)	an year 3rd	1		(4) 4t	h	
	(1)			(2)		\=/				-/ "		

Pa	art V Assumptio	ons used to determine	funding target and target	normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 1.99 %	2nd segment: 5.12 %	3rd segment: 6.24 %		N/A, full yield curve used
	b Applicable month	(enter code)	· · · · · · · · · · · · · · · · · · ·		21b	0
22	Weighted average re	tirement age	• • • • • • • • • • • • • • • • • • • •		22	65
_23	Mortality table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	☐ Substitu	te
Pa	rt VI Miscellane	ous items		- • •		
24		· · · · · · · · · · · · · · · · · · ·	tuarial assumptions for the curren	•		
25				· · · · · · · · · · · · · · · · · · ·		Yes X No
26			······································			nt Yes X No
27	If the plan is eligible	for (and is using) alternative fu	nding rules, enter applicable code	and see instructions	27	10 10 10 10 10 10 10 10 10 10 10 10 10 1
- Da			ım required contributions			
28			rears		28	
29	Discounted employe	r contributions allocated toward	d unpaid minimum required contrib	outions from prior years	29	
30			ntributions (line 28 minus line 29)		30	
	1	required contribution	· · · · · · · · · · · · · · · · · · ·		I	
31		adjusted, if applicable (see ins				
					31a	45,320
			31a		31b	0
32	Amortization installm			Outstanding Bala	ance	Installment
					32,459	5,809
	b Waiver amortizatio	on installment			0	0
33			nter the date of the ruling letter gra		33	. c
34	Total funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	51,129
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected to requirement	use to offset funding				
36	Additional cash requ	irement (line 34 minus line 35)			36	51,129
	Contributions allocat	ed toward minimum required o	ontribution for current year adjuste	ed to valuation date	37	62,631
38		ess contributions for current ye				
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	11,502
	b Portion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b	C
39	Unpaid minimum rec	quired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	
40	Unpaid minimum red	quired contribution for all years			40	
Pa	rt IX Pension	funding relief under Pe	ension Relief Act of 2010 (see instructions)		
41			ursuant to an alternative amortizat		.	
					[2 plus 7 years 15 years
	b Eligible plan year(s	s) for which the election in line	41a was made		🔲 20	08 2009 2010 2011
42					42	
			d over to future plan.years		43	
						<u> </u>

Schedule SB, line 19 - Discounted Employer Contributions

Compass Business Services, Inc.Defined Benefit Plan 27-2906677 / 001

For the plan year 1/1/2011 through 12/31/2011 Valuation Date: 12/31/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	3/12/2012	\$64,000				·	
Applied to Quarterly Contribution	4/15/2011	7,473	7,092	0	7,473	5.32	10.32
Applied to Quarterly Contribution	7/15/2011	7,473	7,174	0	7,473	5.32	10.32
Applied to Quarterly Contribution	10/15/2011	7,473	7,259	0	7,473	5.32	10.32
Applied to Additional Contribution	12/31/2011	11,620	11,502	0	´ 0	5.32	0
Applied to MRC	12/31/2011	22,488	22,260	0	0	5.32	0
Applied to Quarterly Contribution	1/15/2012	7,473	7,344	0	7,473	5.32	10.32
Totals for Deposited Contribution		\$64,000	\$62,631	\$0	\$29,892		

DEVIN101

June 5, 2012

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Compass Business Services, Inc.Defined Benefit Plan 27-2906677 / 001 For the plan year 1/1/2011 through 12/31/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V **Summary of Plan Provisions**

Compass Business Services, Inc. Defined Benefit Plan 27-2906677 / 001

For the plan year 1/1/2011 through 12/31/2011

Employer:

Compass Business Services Inc.

Type of Entity - Sole-Proprietorship

EIN: 27-2906677

TIN:

Plan #: 001

Dates:

Effective - 1/1/2010

Year end - 12/31/2011

Months of service - 12

Valuation - 12/31/2011

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Hours Required for - Eligibility - 1000

Minimum age - 21

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation:

Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the unit credit benefit formula below:

10% of average monthly compensation per year of service beginning year

1 limited to 25 year(s)

Accrued Benefit -

Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit -Present Value of Accrued Benefit

Top Heavy Minimum:

None

IRS Limitations:

415 Limits -

Percent: 100

Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

100% Vested immediately

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

Compass Business Services, Inc.Defined Benefit Plan 27-2906677 / 001

For the plan year 1/1/2011 through 12/31/2011

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years Rate	%
Segment 1	0 - 5 2.4	7
Segment 2	6 - 20 5.0	7
Segment 3	> 20 6.1	0

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5.5%

Mortality Table -

None

Post-Retirement - Interest -

5.5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 32 - Schedule of Amortization Bases

Compass Business Services, Inc.Defined Benefit Plan

27-2906677 / 001

For the plan year 1/1/2011 through 12/31/2011

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2010	35,809	Shortfall	32,459	6	5,809
Totals:				\$32,459		\$5,809